PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056234

1. Corporation Name
Deli FRESH INC.

2. Principal Office Address	3. Mailing Office Address
109 Commerce BLVD.	109 Commerce BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: OLDSMAR, FLA.	City & State: OLDSMAR, FLA.
Zip: 34677 Country: U.S.	Zip: 34677 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/95

5. FEI Number: 59-3363403 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN L. VATH JR.

600003413016--5
-10/04/00--01001--002
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 109 Commerce BLVD

Suite, Apt. #, Etc.

City: Oldsmar State: FL Zip Code: 34677

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 9/14/00

CR2E061 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	JOHN L. VATH JR.	4159 SALTWATER BLVD	TAMPA, FLA 33615
V.P.	PAUL S. GIANSIRACUSA	1261 BAYHARBOR DR. Apt. 102	PALM HARBOR FLA 34685
		REINSTATEMENT 99-00	TS

10. *I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.*

813-854-3354

SIGNATURE: [signature] JOHN L. VATH JR. 9/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #